



## **Health Issues During Postpartum Period: A review article**

**Khiumajuli Abonmai\*, Sameeksha, Naveen, Deepa Mukherjee,**

Department of Community Health Nursing, SGT University Gurugram, Haryana, 122505.

Email: [ajuabonmai18@gmail.com](mailto:ajuabonmai18@gmail.com)\*

### **ABSTRACT**

*The postpartum phase is the time after conceptus birth when the mother's anatomical and functional changes revert to those of a non-pregnant person. The postnatal phase, commonly referred to as puerperium, begins after the placenta is removed and lasts until all organ systems have fully recovered physiologically. At six to seven months after giving birth, there was a 16.9 % point prevalence of depression. Maternity blues, postpartum (postnatal) depression, and puerperal psychosis are the traditional categories used by Inwood to describe postpartum mental illnesses. It has been demonstrated that postpartum mood problems have an impact on children's social and psychological development and may have far-reaching effects. The most prevalent type of problem affecting women after giving birth is sexual pain disorder. Dyspareunia, vaginismus, and other pain disorders are subtypes of sexual pain condition, according to the International Consensus Development Conference. A woman who gives birth through caesarean has a 5–30 times greater risk of infection than a woman who gives birth vaginally. Postpartum blues often require reassurance and might disappear in a few days to a week, with a global frequency of 300-750 per 1000 mothers. A prominent cause of maternal death, postpartum haemorrhage, which is defined as a blood loss of more than 500 mL, complicates 5 percent to 10 percent of vaginal births. This review aims at providing healthcare professionals a better understanding of health concerns during the postpartum period.*

**Keywords:** Postpartum, health, health issues.

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### **INTRODUCTION**

The postpartum phase is the time after conceptus birth when the mother's anatomical and functional changes revert to those of a non-pregnant person. The postnatal phase, commonly referred to as puerperium, begins after the placenta is removed and lasts until all organ systems have fully recovered physiologically. Acute phase: the first 24 hours following placenta birth, early phase: up to 7 days, and late phase: up to 6 weeks to 6 months. These three arbitrary periods represent the postpartum period. Every stage has its own distinct clinical issues and concerns [1, 2]. Mother's functional level, the success of subsequent pregnancies, the onset of chronic diseases in mothers, and baby health are all impacted by postpartum maternal health. But many mothers may discover that their responsibilities as caregivers and recipients of health care after giving birth leave them with gaps in their coverage [3]. Health Issues During Postpartum Period Puerperal Infections, Thrombo-embolic Disorders like Thrombophlebitis, Respiratory embolism, Deep vein thrombosis, Post-partum Haemorrhage, Psychiatric disorders during puerperium-Depression, Mood Disorders, Post-partum blues, Breast complications-Breast Engorgement, Mastitis, Urinary Complications In Puerperium, Urinary Tract Infection, Retention of Urine and Sexual pain syndrome.

### **PUERPERAL INFECTIONS**

Puerperal infections, postpartum genital tract infections linked to delivery, are often caused by germs rising from the genital system. The vaginal tract may naturally contain the germs or they may come from the outside. Puerperal infections often remain localised, but they can spread through lymphatic or vascular channels to cause severe pelvic or systemic infections. The main indication is fever. The pelvic tissues affected, the extent of the bacterial inoculum, the aggressiveness of the organisms, and the host's defensive systems, including overall health and immunologic state, all impact the disease's progression. One of the most typical postpartum causes of morbidity is puerperal infection. It is a major cause of mortality related to childbirth. If a postpartum woman has a fever of at least 38.0°C (101.4°F) twice during the first 24 hours of birth, or at any time above 39°C (102.2°F), it is considered that she has an infection. Low-grade

temperature increases are rather typical and have been linked to things like dehydration, foetal protein infusion, breast engorgement, and respiratory infections. When giving birth vaginally, microorganisms are often enough removed by the natural evacuation of necrotic decidua and blood from the uterine cavity. This process is represented by the brief spike in temperature that occurs within the first 24 hours following birth. The risk of postpartum infection is significantly increased after caesarean delivery [4]. A woman who gives birth through caesarean has a 5–30 times greater risk of infection than a woman who gives birth vaginally. Fig-1

<b>Health Issues During Postpartum Period</b>	
<b>1. Puerperal Infections</b>	
<b>2. Thrombo-embolic Disorders</b>	<ul style="list-style-type: none"> <li>❖ <i>Thrombophlebitis</i></li> <li>❖ <i>Respiratory embolism</i></li> <li>❖ <i>Deep vein thrombosis</i></li> </ul>
<b>3. Post-partum Haemorrhage</b>	
<b>4. Psychiatric disorders during puerperium</b>	<ul style="list-style-type: none"> <li>❖ <i>Depression</i></li> <li>❖ <i>Mood Disorders</i></li> <li>❖ <i>Post partum blues</i></li> </ul>
<b>5. Breast complications</b>	<ul style="list-style-type: none"> <li>❖ <i>Breast Engorgement</i></li> <li>❖ <i>Mastitis</i></li> </ul>
<b>6. Urinary Complications In Puerperium</b>	<ul style="list-style-type: none"> <li>❖ <i>Urinary Tract Infection</i></li> <li>❖ <i>Retention of Urine</i></li> </ul>
<b>7. Sexual pain syndrome</b>	

**Figure1: Health issues during post partum period.**

### **Thrombo-embolic Disorders**

#### ***Thrombophlebitis***

Pelvic thrombophlebitis is a disorder that develops in the veins that have been thrombosed on the placental side by anaerobic streptococci or bacteroides. Extra pelvic spread may occur and may result in lung or kidney damage. White legs, also known as phlegmasia alba dolens, is a clinical pathological disease caused by the retrograde extension of the ileo femoral vein.

#### ***Respiratory embolism***

When venous thrombosis occurs in the leg or pelvis, the thrombus (clot) separates from the vessel and enters the bloodstream as a whole. The condition known as pulmonary embolism results from obstruction caused by the smaller lumen when it enters the pulmonary artery. Due to deep vein thrombosis, pulmonary embolism is likely to happen in 80–90% of cases (DVT).

#### ***Deep vein thrombosis***

Deep vein thrombosis and pulmonary embolism are two symptoms of venous thromboembolism (VTE), sometimes referred to as blood clots. In the first six weeks following childbirth, women are more susceptible to VTE. Pregnancy also carries a little bit more danger than normal. This might be as a result of blood alterations brought on by hormones or other elements, modifications to the way blood flows through your veins, or injury to your blood vessels sustained during birth [5]. The incidence percentage of postpartum venous thromboembolism peaked in the first three weeks following birth, reducing to one per 10,000 at four weeks after delivery from nine per 10,000 in the first week, and continuing to decline consistently through the 12th week [6].

### **Post-partum Haemorrhage**

A prominent cause of maternal death, postpartum haemorrhage, which is defined as a blood loss of more than 500 mL, complicates 5 percent to 10 percent of vaginal births. Within the first 24 hours following delivery, there is an immediate postpartum haemorrhage. It most frequently results from uterine atony brought on by excessive pregnancy distention or complications during labour and delivery. Hemorrhage may also take more than 24 hours to manifest itself. The most common time for late bleeding to occur is between the fifth and fifteenth postpartum day, however it can happen up to six weeks following birth. Uterine atony, maternal soft tissue trauma, retained placenta or its components, and obstetric coagulopathy are the main causes of postpartum haemorrhage [7].

## **Psychiatric disorders during puerperium**

The postpartum period is a hard time period marked by significant bodily, social, and emotional changes. Particularly in the case of primigravida, it necessitates extensive interpersonal and personal adjustments. From a psychiatric medical perspective, childbirth is the most complicated experience a person can go through. Maternity blues, postpartum (postnatal) depression, and puerperal psychosis are the traditional categories used by In wood to describe postpartum mental illnesses. Negative long-term repercussions might result from untreated postpartum depression. Women who have a history of depression, low levels of education, high trait anxiety, and a perception of high peripartum stress are more likely to experience anxiety at this time [8].

### **Depression**

At six to seven months after giving birth, there was a 16.9 % point prevalence of depression [9]. Postpartum depression was estimated to affect 22% of Indian mothers [10]. Just as postnatal anxiety cases were preceded by pregnancy concern, a significant portion of postnatal depression cases were preceded by prenatal depression. Despite the constancy of anxiety and depression over this time period, there was a mean decline in both conditions. Finally, prenatal anxiety indicated postpartum depression at 8 weeks and 8 months [11]. The best prognosis is achieved with early discovery and the start of proper treatment. A woman's midwife should tell her doctor if she thinks she might be depressed. Antidepressants or moderate sedation may be used in less serious situations. Counselling is recognised to be beneficial, especially if it is started at a young age. Involving the spouse and other family members could be beneficial. Admission to a hospital will be required when the depression is more severe. A psychotic disease can develop from untreated or undiagnosed depression [12].

### **Mood Disorders**

A staggering 30% to 75% of new mothers experience the "baby blues," which are very frequent. The only specific treatment needed for this type of postpartum mood alteration is information and support; nonetheless, it is self-limited [13]. One to two women per 1000 experience postpartum psychosis. It has been demonstrated that postpartum mood problems have an impact on children's social and psychological development and may have far-reaching effects [14].

### **Post partum blues**

Postpartum blues are short-term, self-limiting manifestations of mild sadness and low mood. Depressive symptoms include melancholy, sobbing, tiredness, irritability, anxiety, reduced sleep, impaired attention, and labile mood. After giving delivery, these symptoms often start to appear two to three days later, peak during the following few days, then go away on their own two weeks later [16]. Postpartum blues often require reassurance and might disappear in a few days to a week, with a global frequency of 300-750 per 1000 mothers [15]. The postpartum blues begin between the third and fourth day after delivery and linger for a few days to a few weeks. Beginning the second or third day after giving birth, many women experience a temporary (hormone-related) sadness. Reduced family functioning brought on by postpartum depression may be linked to the mother's reduced self-esteem. Transient depressive disorder symptoms include weeping easily, feeling hopeless, losing appetite, having trouble concentrating, having trouble falling asleep, feeling let down, and worry. The majority of the time, these symptoms go away in 1-2 weeks, while some women have moderate depression for much longer. There are 1:679 women in the United States who have postpartum depression. In India, it is 11.3% in the first week, 15.8% in the first six weeks following birth, and 15.5% in the final 14 weeks [17].

## **Breast complications**

### **Breast Engorgement**

Breast engorgement is a condition that develops as a result of

- excess milk production
- a blockage in the milk's exit
- Baby's inadequate milk removal

Once milk secretion begins, it typically becomes apparent (3rd or 4th postpartum day)

### **Mastitis**

Infection of the breast's milk ducts (lactiferous ducts) associated tissues during lactating period. Cross-infection from the infant to the mother causes it to happen often when nursing. Staphylococcus aureus is the etiologic agent.

## **Urinary Complications in Puerperium**

### **Urinary Tract Infection**

Any infection of the kidneys, ureters, bladder, or urethra is referred to as a urinary tract infection (UTI). Most infections affect the bladder and urethra, which are part of the lower urinary system. A frequent postpartum illness that affects 2 percent to 4 percent of births is a urinary tract infection [18].

### **Retention of Urine**

Inability to completely empty the bladder is known as urinary retention. In the early puerperium, this problem is frequent.

### **Sexual pain syndrome**

The most prevalent type of problem affecting women after giving birth is sexual pain disorder. After giving birth, a majority of women—more than 50%—have complained of painful sex (dyspareunia). It often begins at around 6 weeks after childbirth and can last for up to 6 months afterwards or beyond. Any new mother, whether she gave birth naturally or by c-section, can experience painful sex after giving birth [19]. Dyspareunia, vaginismus, and other pain disorders are subtypes of sexual pain condition, according to the International Consensus Development Conference [20]. It's vital to remember that the illnesses may manifest in a different order and may interact with one another. Perineal discomfort and dyspareunia are typical postpartum conditions that frequently interfere with regular sexual function [21].

### **CONCLUSION**

The postnatal phase, commonly referred to as puerperium, begins after the placenta is removed and lasts until all organ systems have fully recovered physiologically. All medical professionals who interact with mothers in the first year after giving birth should prioritise developing strategies to encourage end up facing of physical and mental health issues, evaluating the physical health of recent mothers who manifest with depression, and evaluating the emotional health of recent mothers who present with other morbidity.

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